



Blue Cross and Blue Shield of New Mexico (BCBSNM), is excited you have chosen to register for the online services offered through Benefits Manager. Please fax the completed form to 1-312-540-3109 or submit at https://service.ancillary.bcbsnm.com. If you have questions regarding this form or the services available in Benefits Manager, please call customer service at 1-877-723-5697.

This form is to be completed by the Policyholder.

Group Information: Group # _____ Account # _____ State ____ Zip Code _____

- I request the ability to manage my group's enrollment and billing information online. I acknowledge that I will not receive a mailed billing statement. I will obtain all invoices and remittance pages online using Benefits Manager. (List Billing)
I request the ability to manage my group's enrollment and billing information online in real-time. I will generate all invoices and remittance notices online using Benefits Manager. (Self Administered Web)
I request the ability to view my group's information online (Self Administered)

As Policyholder I authorize the employee named below to access group, policy, claims, and EOI information as stated above.

Name: _____ Company: _____

Policyholder Signature: _____ Date: _____

User Information (Please print clearly)

First Name: _____ MI: ____ Last Name: _____

Organization/Company: _____ Phone: (_____) _____ - _____

Mother's Maiden Name: _____ Last Four Digits of SSN: _____

Signature: _____ Date: _____

E-mail address: _____

For Internal Office Use Only - To be completed by a BCBSNM employee.

Role Required: Group Administrator

- List Billing
Member Enrollment Yes No
Self Administered Web Billing
Self Administered
BCBSNM Billing, Ext Access Yes No

List subsidiaries/affiliates which will be administered by the above Benefit Administrator, if applicable.

Table with 2 columns: Login ID, Group ID